

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6621

STATE FILE NUMBER 1009

FILED FEB. 25 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis 10</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital</i>		Length of stay in lb <i>2-wks. 2/14/57</i>	
		STREET ADDRESS (If outside, give location) <i>1407 Tamm Ave.</i>	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>FRED</i> Middle <i>-</i> Last <i>SEVERS</i>			4. DATE OF DEATH Month <i>1</i> Day <i>30</i> Year <i>57</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 16, 1885</i>	9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>14</i> Hours <i>11</i> Min. <i>00</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pers. Car Inspector</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Missouri Pacific R.R.</i>		11. BIRTHPLACE (City and state or country) <i>Arkansas</i>	
13. FATHER'S NAME <i>Unk. Severs</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mr. Martin Severs, 1510 Tamm Ave.</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Car Pulmonale</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>(Chronic) Bronchial Asthma</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <i>241X</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Multiple abscesses, kidneys &amp; prostate</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part, or Part II of item 18.)	
20c. TIME OF INJURY Hour <i>a. m.</i> Month, Day, Year <i>p. m.</i>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <i>1-9-57</i> to <i>1-30-57</i> and last saw her alive on <i>1-30-57</i> Death occurred at <i>5:45</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS <i>Miss. Pacific Hospital</i>	22c. DATE SIGNED <i>1-31-57</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb. 2, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
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24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i>	ADDRESS <i>3840 Lindell Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 31 '57</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms with age listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
amined by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. C. [Signature]*

Licensed Embalmer No. *4689*  
P. O. Address *3840 [Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.